OMB Number 4040-0005

View Burden Statement

Expiration Date: 02/28/2026

|  |  |
| --- | --- |
| **APPLICATION FOR FEDERAL ASSISTANCE SF 424 - INDIVIDUAL** | |
| **\* 1. NAME OF FEDERAL AGENCY:**  USDOT/FHWA | |
| **2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** | **CFDA TITLE:** |
| **\* 3. DATE RECEIVED:** | |
| **\* 4. FUNDING OPPORTUNITY NUMBER:**  693JJ322NF5202-2024 | |
| **\* TITLE:**  Dwight David Eisenhower Transportation Fellowship Program (DDETFP) Local Competition at Designated Institutions of Higher Education | |
| **5. APPLICANT INFORMATION** | |
| **a. Name and Contact Information**  Prefix: \* First Name: | Middle Name: |
| \* Last Name: | Suffix: |
| \* Telephone Number (Daytime): | Telephone Number (Evening): |
| \* Email: | Fax Number: |
| **b. Address**  \* Street1: | Street2: |
| \* City: | County/Parish: |
| \* State: | Province: |
| \* Country:  USA: UNITED STATES | \* Zip/Postal Code: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR FEDERAL ASSISTANCE SF 424 - INDIVIDUAL** | | | | | | | | | |
| **\* c. Citizenship Status:**  U.S. Citizenship Yes No | | | | **d. \* Congressional District of Applicant:** | | | | | |
| **If No**  If permanent resident of U.S., enter the Alien Registration #:   * If foreign national, enter country of citizenship: * If foreign national, enter start date of most recent residency in U.S.: | | | |
| **6. PROJECT INFORMATION** | | | | | | | | | |
| **\* a. Project Title:** | | | | | | | | | |
| **\* b. Project Description:** | | | | | | | | | |
| **\* c. Proposed Project:** Start Date: | |  | End Date: | | |  | |  | |
| **7. \* By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001)**  \*\* I AGREE | | | | | | | | | |
| \*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | | | | | | | | | |
| \* Signature: |  | | | | \* Date Signed: | |  | |  |
|  | | | | |